

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040801

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

Registrar's No.

9966

STATE FILE NUMBER

FILED OCT 29 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR TOWN *St. Louis*c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION*Alexian Bros Hosp.*

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE *Missouri* b. COUNTY

c. CITY

OR TOWN

ST. Louis

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

3330² Wisconsin

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

*Michael**Theodosius*

4. DATE OF DEATH

Month

Day

Year

Oct-16-1962

5. SEX

Male

6. COLOR OR RACE

*White*7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

*Sept. 14, 1982**75*

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shoe Cutter

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

Greece

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

unknown

13b. MOTHER'S MAIDEN NAME

unknown

14. NAME OF HUSBAND OR WIFE

Bertha Theodosius

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Virginia R. Berlatti 4 Tamm, Hazelwood

18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chv Vascular / Heart Disease

Conditions, if any, which gave rise to, above cause (a), stating the underlying cause last.

DUE TO (b)

20 cigarettes sm.

DUE TO (c)

old age 260x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

*Jan - 1**10:35**p.m.**Oct 16**and last saw her**Oct 16 - 62**him alive on**Oct 16 - 62*

Death occurred at

*10:35**p.m.**on the date stated above, and to the best of my knowledge, from the causes stated.*

22a. SIGNATURE

(Degree or title)

W S Byrne M.D.

22b. ADDRESS

27529 Cherokee

22c. DATE SIGNED

10/18/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

Burial Oct. 19, 1962

23c. NAME OF CEMETERY OR CREMATORY

ST. Matthew's Cemetery

23d. LOCATION (City, town, or county)

ST. Louis, Mo.

24. FUNERAL DIRECTOR

ADDRESS

*Witz Mortuary**6409 Gravois Ave.*

25. DATE RECD. BY LOCAL REG.

OCT 18 1962

REGISTRAR'S SIGNATURE

Roan Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ:

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1

2 *224*

3

4 *0*5 *2*

6

7 *2*8 *2*

9

10

11

12 *50-0*

13

50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Sam M. Symon

Licensed Embalmer No. 4343

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.